



Express Mail No. **EV576489830US**

<b>AMENDMENT UNDER 37 C.F.R. §1.111</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Confirmation No.	UCSF-088 CON2 4596
	First Named Inventor	R. Stern
	Application Number	10/622,283
	Filing Date	July 18, 2003
	Group Art Unit	1652
	Examiner Name	K.H. Gebreyesus
	Title	<i>Human plasma hyaluronidase</i>

Sir:

This amendment is responsive to the Office Action dated August 27, 2004, for which a three-month period for response was given, making this response due on or before November 27, 2004. *A Petition for a three-Month Extension of Time is submitted herewith, making this amendment due on or before February 27, 2005.* February 27, 2005 fell on a Sunday. This response is being filed on the first business day following February 27, 2005. Accordingly, this response is timely filed.

In view of the remarks put forth below, reconsideration and allowance are respectfully requested.

03/21/2005 GDUCKETT 00000002 500815 10622283

01 FC:2253 510.00 DA

3/07/2005 BABRAHA1 00000019 500815 10622283

1 FC:2202 475.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

UCSF-088 CON2

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	33	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	33 minus 20 =	* 13
INDEPENDENT CLAIMS	17 minus 3 =	* 14
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 52	Minus ** 33	= 19
Independent	* 4	Minus *** 17	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

### SMALL ENTITY TYPE ☐

### OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	117
X42=	588
+140=	
TOTAL	1080

RATE	FEE
BASIC FEE	750.00
X\$18=	
X84=	
+280=	
TOTAL	

### SMALL ENTITY TYPE ☐

### OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	475
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	